



**A 2002 Comparison Guide to
Purchasing Supplemental Insurance**

(Revised August 2002)



**Provided by the Seniors Health Insurance Information Program
A Division of the Arkansas Insurance Department
Funded by the Centers for Medicare & Medicaid Services**



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SENIORS HEALTH INSURANCE INFORMATION PROGRAM (SHIIP)

Seniors Health Insurance Information Program is a statewide network of trained volunteers who provide one-on-one assistance to Medicare beneficiaries. The programs purpose is to help Arkansans make better health insurance decisions by providing confidential and objective health insurance counseling and education as changes in Medicare occur.

This directory is a service of the Arkansas Insurance Department's Seniors Health Insurance Information Program. It is our hope that you may be able to use the following pages as well as the rest of the book in helping you to make an informed decision about any Medicare problem or situation that may arise. Insurance companies provided in this directory are all licensed to sell Medicare supplement insurance in the state of Arkansas as of January 2002. Companies that do not appear were not authorized at the time of publication or are not selling Medicare supplement insurance this year. Premiums listed in this directory are for rates approved as of January 1, 2002 unless otherwise noted and are subject to change. We have made every effort to make this list as complete as possible.

We provide free help and information for general Medicare information, filing claims, comparing Medicare supplement policies, understanding long-term care insurance or if you would like to become a SHIIP volunteer. For more information you may call or write using the information listed below.

Seniors Health Insurance Information Program
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904
(501) 371-2782
1-800-224-6330

What is Medicare?

Medicare is the national health insurance program for people who are age 65 or older, disabled, or have permanent kidney failure. Medicare is run by the Centers for Medicare and Medicaid Services (CMS). The Social Security Administration assists CMS by enrolling people in Medicare and by collecting Medicare premiums.

What is the difference between Medicare Part A and Medicare Part B?

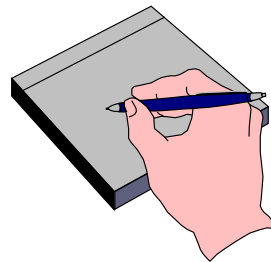
Medicare Part A is the “Hospital Insurance” on your Medicare card and is premium free. See the chart on page 4 for an explanation of what **Medicare Part A** pays and doesn’t pay.

Medicare Part B is the “Medical Insurance” on your Medicare card. There is a premium of \$54.00 for Medicare Part B that is deducted from your Social Security check each month. See the chart on page 5 for an explanation of what **Medicare Part B** pays and doesn’t pay.

MEDICARE HEALTH INSURANCE	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY JOHN D. DOE	
MEDICARE CLAIM NUMBER 123-45-6789A	SEX MALE
IS ENTITLED TO HOSPITAL INSURANCE (PART A)	EFFECTIVE DATE 1/1/97
MEDICAL INSURANCE (PART B)	
SIGN HERE <u>John D. Doe</u>	

The part of Medicare that you have will be shown here on your Medicare Card.

How do you enroll in Medicare Part A insurance?



There are several ways in which you may enroll in **Medicare Part A**.

1. Automatic Enrollment

You will receive a Medicare card in the mail automatically if you are already getting Social Security or Railroad Retirement benefit payments.

2. Initial Enrollment

If you have not been receiving Social Security or Railroad Retirement benefits, you can file an application for a Medicare card during what is called an “Initial Enrollment” period. This is a seven month period, that begins three months prior to your birthday month.

How do you enroll in Medicare Part B insurance?

1. General Enrollment

You can also sign up for Medical Insurance (Part B) during a “General Enrollment” period. General Enrollment is held each year from January 1 until March 31. Your Medicare protection will begin July 1 of the year that you enroll. There may be a premium surcharge for late enrollment.

2. Special Enrollment

If you are covered by a group health plan when you are first able to get Medicare, you may be able to delay enrollment without waiting for a General Enrollment period to enroll. You can sign up for Medicare Part A or Medicare Part B at any time while you are covered under a group health plan, or during an eight-month period beginning with the month that you and your spouse stop working or are no longer covered by the plan.

MEDICARE (PART A) HOSPITAL INSURANCE Per one (1) Benefit Period
--

Medicare Pays**	Benefit	Medicare Pays**	You Pay**
Hospitalization Semiprivate room and board, general nursing and miscellaneous hospital services and supplies. (1)	First 60 days	All but \$812	\$812
	61st through 90th day	All but \$203 a day	\$203 a day
	91st through 150th day*	All but \$406 a day	\$406 a day
	Beyond 150 days	Nothing	All Costs
Post Hospital Skilled Nursing Facility Care You have been in a hospital at least 3 days, then enter a Medicare approved facility generally within 30 days after a hospital discharge and meet other program requirements. (2)	First 20 days	100% approved amt.	Nothing
	Additional 80 days	All but \$101.50 a day	\$101.50 a Day
	Beyond 100 days	Nothing	All costs
Home Health Care Medically necessary skilled care, home health care aide services, durable medical equipment and supplies.	Part time or intermittent nursing care & other services as long as you meet criteria for benefits.	100% of home health visits by a Medicare approved home health agency.	Nothing for Services
		80% approved amount for durable medical equipment.	20% of approved amount for durable medical equipment.
Hospice Care Full scope of pain relief and support services available to the terminally ill. (3)	As long as your doctor certifies the need.	All but limited costs for out patient drugs and inpatient respite care.	Limited cost sharing for outpatient drugs and inpatient respite care.
Blood When furnished by a hospital or skilled nursing facility during a covered stay.	Blood Unlimited from a benefit period if medically necessary.	All but first 3 pints per calendar year.	First 3 pints of blood***

*60 Reserve days may be used once

**These figures are effective for 2002 and are subject to change each year.

***If the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part(3 pints).

(1) A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital or skilled nursing facility for 60 days in a row, or remain in a skilled nursing facility but do not receive skilled care there for 60 days in a row.

(2) Neither Medicare nor Medigap will pay for most nursing home care.

(3) There is no deductible for these hospice benefits. Co-payments are required for the following:

(a) Prescription drugs for pain relief and symptom management, for which patients can be charged 5% of the reasonable cost, but no more than \$5 for each prescription.

(b) Respite care, for which the patient can be charged about \$5 per day, depending on the area of the country. The patient can receive inpatient care for up to 5 days per stay to provide some time off for the person who regularly provides care in the home.

MEDICARE (PART B) MEDICAL INSURANCE Per Calendar Year			
Medicare Pays	Benefit	Medicare Pays	You Pay**
Medical Expense Physician's services, inpatient and Outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, etc.	Medicare pays for medically necessary services in or out of the hospital.	80% of approved amount (after \$100 deductible)	\$100 deductible* plus 20% of approved amount and charges above approved amount.**
		50% approved charges for most outpatient mental health services.	50% of approved charges for mental health services.
Clinical Laboratory	Blood tests, biopsies, urinalysis, etc.	Generally 100% of approved amount	Nothing for services
Home Health Care Medically necessary skilled care, home health care aide services and medical supplies.	Part time or Intermittent nursing Care and other Services as long as You meet criteria For benefits	100% of approved amount 80% approved amount for durable medical equipment	Nothing for Services
			20% of approved amount for durable equipment.
Outpatient Hospital Treatment Reasonable and necessary services for the diagnosis treatment of an illness or injury	Medicare pays a set Amount for <u>SOME</u> Outpatient services.	Subject to \$100 deductible amount	A fixed co-payment Up to \$812 per Procedure.
Blood	Blood	All but first 3 pints per calendar year.	First 3 pints of blood*** plus 20% of approved amount for additional pints (after \$100 deductible).

***Once you have had \$100 of expense for covered services, Part B deductible does not apply to any other covered services you receive for the rest of the year.**

****The amount by which a physician's charge (excess charges) can exceed the Medicare approved amounts limited by law.**

*****If the blood deductible is met under one part of Medicare during the calendar year, it doesn't have to be met under the other part. The deductible is the first 3 pints.**

Will Medicare pay all your medical expenses?

No! Medicare will not pay for all of your Medical expenses. If you look on the previous charts for Medicare Parts A and B, you will find a column titled “You Pay”. That column includes everything that Medicare Parts A and B will not pay.



How can you pay expenses that Medicare will not pay?

There are several ways to pay for medical expenses that Medicare does not pay. One method is to purchase a **Medicare Supplemental Insurance** policy.

What is Medicare supplement insurance ?

Medicare Supplement insurance, sometimes referred to as “Medigap” insurance, is designed to help you pay for those expenses not covered by Medicare. Supplement insurance is regulated by federal and state laws, and must be clearly identified as a Medicare Supplement insurance policy. **Medicare Supplements** are sold by private insurance companies, which are listed in this directory. There are currently ten (10) standard plans (A-J) and two (2) high deductible plans (F & J) from which you may choose. The high deductible plans generally have a lower premium because the higher deductible must be met before the plan will pay. This year the deductible is \$1620.00.

The 10 Medicare supplement plans

Since May 1, 1992, all **Medicare Supplement insurance** policies sold in Arkansas must be one of the ten standardized plans, developed by the National Association of Insurance Commissioners (NAIC) and CMS, and incorporated into state and federal laws. Standardized means each plan is the same for every company. **Plans cannot be “custom-made” by the company, agent or consumer.**

The plans have letter designations ranging from "A" through "J". Plan A is the most **“basic”** benefit package and plan "J", the most **“comprehensive”** benefit package. While companies are not required to offer all the plans, they must make plan “A” available if they sell any of the other nine plans in the state. The shaded area on the following chart represents Plan A or the “basic” benefit package. **Remember, every plan includes the benefits in plan A.**

Do Medicare supplements help pay for prescription drugs?

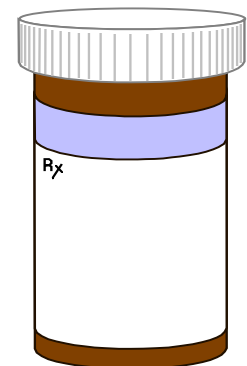
Yes. Plans “H, I, and J” are the only **Medicare Supplement** plans that offer prescription drug coverage. (See the chart on the following page.)

1. Basic Prescription Drug Benefit

Plans H and I offer what is called a “basic prescription drug benefit”. Either of these two plans will pay half of the cost of your prescription drugs, up to \$1,250 per year after you pay the \$250 annual deductible.

2. “Extended” Prescription Drug Benefit.

Plan J offers what is called an “extended prescription drug benefit” This plan will pay half the cost of your prescription drugs up to \$3,000 after you pay the \$250 annual deductible.



What benefits does each Medicare supplement plan include?

The chart below indicates what benefits are provided within each of the 10 Medicare Supplements. While plans B through J must include all the benefits listed in Plan A, the shaded area, they include additional benefits as well.

10 Standard Medicare Supplement Benefit Plans										
Benefits & Plans	A	B	C	D	E	F	G	H	I	J
Part A Coinsurance for Days 61-100	X	X	X	X	X	X	X	X	X	X
Part A Coinsurance for the 60 non-renewable lifetime hospital inpatient Reserve days.	X	X	X	X	X	X	X	X	X	X
100% Part A eligible hospital Expenses (after Medicare hospital benefits are used.)	X	X	X	X	X	X	X	X	X	X
Coverage for first 3 pints of blood under Medicare Parts A & B.	X	X	X	X	X	X	X	X	X	X
Part B Coinsurance, generally 20%.	X	X	X	X	X	X	X	X	X	X
Skilled Nursing Facility Coinsurance for 21-100 Days			X	X	X	X	X	X	X	X
Part A Deductible		X	X	X	X	X	X	X	X	X
Part B Deductible			X			X				X
Part B Excess Charges						100%	80%		100%	100%
Foreign Travel Emergencies			X	X	X	X	X	X	X	X
At-Home Recovery				X			X		X	X
Prescription Drugs								*B	*B	*E
Preventative Medical Care					X					X

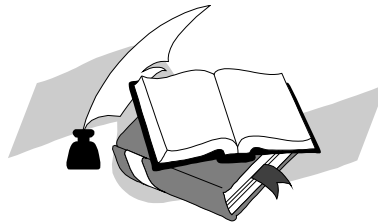
*B= Basic Drug Benefit *E= Extended Drug Benefit

Remember, every plan is exactly the same with every insurance company.

How do you get a Medicare supplement?

To get a Medicare supplement, you must have Medicare Parts A and B. Once you have chosen one of the ten standard plans with a premium you can afford, contact the company or agent for an application. If you apply for a supplement within six months from the day you turn 65, you cannot be turned down for a Medicare supplement for any reason. This period is called “Open Enrollment”.

How does open enrollment work?



Open enrollment is a six-month period in which state and federal laws guarantee you a Medicare Supplement policy. The six-month period begins from the first day of the month in which you turn 65 years of age. If your birthday is on the first day of the month, the six month open enrollment period begins on the first day of the previous month while you are still 64. During this six-month open enrollment period, you cannot be denied issuance of a supplemental policy, based on medical history, health status or claims experience. If you miss your open enrollment period, stricter pre-existing condition restrictions may apply.

What if you're already on Medicare and under 65?

Federal Law does not require that people under the age of 65 and on Medicare Part B, as a result of disability or permanent kidney failure, be given an open enrollment period prior to becoming 65 years of age. However, when you turn 65, you will be given an open enrollment opportunity. (See above.)

A list of companies that offer Medicare supplement insurance to people under 65 and on disability is provided in the back of this directory.

What if you cannot afford a Medicare supplement?

Federal law requires that the state Medicaid program pay Medicare costs for certain elderly and disabled people with low incomes and very limited resources. There are three of these programs available in Arkansas:

1. Medicaid and Supplemental Security Income (SSI)*
2. Qualified Medicare Beneficiary (QMB)*
3. Specified Low-Income Medicare Beneficiary (SLMB)

***If you are on Medicaid, you do not need a Medigap policy. In fact, it is illegal for anyone to sell you a Medigap policy if they know you are on Medicaid.**

Listed below is a summary of guidelines for each program. To find out if you qualify, contact your local Department of Human Services office.

1. Medicaid/SSI

To qualify for Medicaid/SSI, a person must be either 65 years of age or older, blind or disabled. It is not necessary to have Medicare, however, Medicaid would act as a supplement to persons who already have Medicare, covering premiums, co-payments and part of the hospital deductible. Persons qualifying for Medicaid are also eligible for home health care and personal care. SSI recipients automatically receive Medicaid. Apply for Medicaid/SSI through the Social Security Administration or your local Department of Human Services office.

2. Qualified Medicare Beneficiary (QMB)

To qualify for QMB, a person must be enrolled in Medicare Part A. QMB pays Medicare premiums and acts as a Medicare supplement; paying the deductibles, payments and co-payments. Persons who already have Medicaid are not eligible for QMB.

3. Specified Low-Income Medicare Beneficiary (SLMB)

To qualify for SLMB, a person must have both Medicare Parts A and B. SLMB pays only the Part B premium of \$54.00 per month. Persons who already have Medicaid or QMB are not eligible for SLMB.

What if you become eligible for Medicaid while on Medicare?

If you already have a Medicare Supplement and then officially become eligible for Medicaid, you have the right to suspend benefits and premiums for up to 24 months. However, you have 90 days in which you must notify the company that you have become eligible for Medicaid. The insurance company must then return the premiums that have been paid during the period of Medicaid eligibility, less claims paid. If you lose Medicaid eligibility, the policy will automatically be reinstated. The company must be notified within 90 days after the date which Medicaid benefits are lost.

What is Medicare Select?

Medicare SELECT is a specific type of Medicare Supplement insurance policy. If you buy a Medicare SELECT policy, you are buying one of the ten (10) standardized Medicare supplement plans A – J. With a Medicare SELECT policy, you must use specific hospitals to realize the full insurance benefits (**except in an emergency**). For this reason, Medicare SELECT policies generally have **lower premiums**.

If you do not use a Medicare SELECT provider for non-emergency services, you will have to pay what Medicare doesn't pay. Medicare will pay its share of approved charges no matter what provider you choose. On the next page is a list of providers for the state of Arkansas.

MEDICARE SELECT PROVIDERS JANUARY 2002

Bankers Life and Casualty

A, B, C, D, F

Baptist Memorial Hospital, Memphis, TN

Continental Life Ins. Co. of Brentwood

A, B, C, D, F

National Park Medical Ctr., Hot Springs, AR

Florida American Pioneer

B, C, D, F

Southwest Regional Hospital
UAMS, Little Rock

Mutual of Omaha

B, C, D, E, F, G

Med-Care Advantage:
Methodist Hospital of Jonesboro
National Park Medical Ctr., Hot Springs
Central Arkansas Hospital, Searcy

Mutual Protective

A, B, C, D, F

Med-Care Advantage:
National Park Medical Ctr., Hot Springs
Methodist Hospital of Jonesboro

Pyramid Life Insurance Co.

B, C, D, F, G

Methodist Hospital of Jonesboro
National Park Medical Ctr., Hot Springs
Wadley Regional, Texarkana
St. Francis Hospital, Memphis

State Mutual Insurance Co.

B, C, D, F

Med-Care Advantage:
Regional Medical Ctr. of NEA, Jonesboro
National Park Medical Ctr., Hot Springs
Central Arkansas Hospital, Searcy

Sterling Life Insurance Co.

A, B, C, F

St. Vincent Infirmary, Little Rock
St. Vincent Doctors Hospital, Little Rock
St. Vincent Medical Center, Sherwood

United HealthCare

C

St. Michael's, Texarkana, TX
Dallas County Hospital, Fordyce
St. Francis, Memphis, TN
Southwest Regional Med. Ctr., Little Rock
St. Vincent Infirmary, Little Rock
UAMS, Little Rock

****Premiums for Medicare select companies are not listed in this book. Please contact the individual company for this information. The phone numbers are listed in the back of this book.**

Legal requirements in Arkansas



It is illegal under the federal and state law for an individual, agent or company to misuse the names, letters, symbols or emblems of the Federal or State government in order to make you believe they are endorsed by the government.

- Premiums cannot be based on age or sex.
- All Medicare Supplements are guaranteed renewable if premiums are paid.
- There is a 30-Day "Free Look" period during which a person may return the policy for a full refund if not fully satisfied.
- Insurance companies **can limit** your coverage for up to but no more than six months after the effective date of your policy due to pre-existing conditions.
- Insurance companies **cannot limit or exclude** coverage due to pre-existing conditions that occurred more than six months before the effective date of coverage.
- If replacement for a policy with similar benefits is involved, there can be no new waiting period. Credit must be given for the waiting period already satisfied.
- An insurance agent cannot sell a person a policy that will duplicate benefits.

Before you buy...

- ✓ Be aware that policies to supplement Medicare are neither sold nor serviced by the state or federal governments.
- ✓ There should not be any "fine print".
- ✓ Ask questions. Make certain that you understand the policy.
- ✓ Look for an outline of coverage and read it carefully.
- ✓ Complete the application carefully. If someone completes the application for you, examine it carefully before signing.
- ✓ Check for pre-existing condition exclusions.
- ✓ Do not pay with cash.
- ✓ Keep agents and company name, addresses and telephone numbers.
- ✓ Beware of deceptive advertising.
- ✓ Policy delivery or refunds should be prompt.

Private Fee for Service

The Balance Budget Act of 1997 created another part of Medicare called Medicare +Choice (M+C). Within this part of Medicare is a plan called Private Fee for Service (PFFS). A PFFS plan is a private insurance plan under contract to the Centers for Medicare and Medicaid Services (CMS) that must pay providers on a fee-for-service basis and allow enrollees provider freedom of choice. Medicare enrollees in a PFFS plan may obtain plan covered health services from any Medicare approved provider who agrees to furnish services to the beneficiary under the plan terms and conditions of payment.

The PFFS plan is called “**Sterling OPTION I**”. Member costs under this plan are as follows:

Monthly plan premium of \$78.00

\$20 co-pay for primary and specialist physician care

\$50 co-pay for each ER visit (no pay if admitted to hospital)

\$350 co-pay for each hospital admission

\$25 co-pay per day for Skilled Nursing Facility (SNF) admission

\$50 additional co-pay per day (maximum \$500) for non-notification of planned inpatient admission.

Option I enhancements include worldwide emergency care (\$250 annual deductible, with 80% coverage of charges, annual maximum of \$50,000).

No drugs, physical exams, eye exams, hearing aids or glasses are covered.

This plan is available in all counties of Arkansas except Miller.

IMPORTANT!!! Medicare beneficiaries under 65 may apply for this plan without being turned down with the exception of those beneficiaries who have End Stage Renal Disease (ESRD).

For more information about Sterling Option I, you may call Sterling Life at 1-888-858-8572. This information is also available on the internet at www.sterlingplans.com and www.Medicare.Gov.

This page contains a list of helpful phone numbers to many different agencies or groups that may be of service to you. All of the numbers are toll free for your convenience. If you have any problems with them, please feel free to call the Seniors Health Insurance Information Program at the number listed at the end of this page.

Helpful Telephone Numbers

Arkansas Insurance Department	1-501-371-2600 1-800-282-9134
Arkansas Foundation for Medicare Care	1-800-272-5528
Arkansas Attorney Generals Office	1-800-482-8982
Tricare	1-800-406-2832
Medicaid	1-800-482-5431
Medicare Part A	1-877-356-2368
Medicare Part B	1-800-482-5525
Palmetto GBA	1-800-583-2236
Social Security Administration	1-800-772-1213
Veterans Administration	1-800-827-1000

**Seniors Health Insurance Information Program
1-800-224-6330**

Insurance Company	A	B	C	D	E	F	G	H	I	J
Aid Association of Lutherans.										
Zips 716-719, 723-729	73.41		122.04	96.50		122.74		179.22	212.15	
Zips 720-722	81.58		135.60	107.22		136.37		199.13	235.72	
1-800-225-5225										
AARP (United Health)										
1-800-523-5800	92.50	125.50	140.00	131.25	131.25	141.00	131.75	206.00	207.00	256.25
The increase will be implemented 4/1/2003										
Arkansas Blue Cross & Blue Shield										
1-800-392-2583	87.00	70.80	105.70	105.20		112.30	85.00		244.50	
Atlantic American Life Ins. Co.										
1-800-241-1439	58.00	106.00	106.00	111.00	107.00	145.00	131.00			
Bankers Fidelity										
						*125.00				
1-800-241-1439	127.00	175.00	218.00	209.00	202.00	209.00				
Bankers Life & Casualty										
						*48.84				
1-800-621-3724	101.35	168.90	170.77	172.04	146.63	162.27	143.48			
Bankers Multiple Line Ins. Co.										
						*37.49				
1-800-621-3724	82.47	120.39	134.17	130.00	136.80	142.00	135.24	205.47	223.19	
Central Benefits National Life Ins. Co..										
1-888-633-7871	60.70	121.44	142.08			149.67				
*This denotes new high deductibles for plans F & J (\$1620.00)										

Insurance Company	A	B	C	D	E	F	G	H	I	J
Central States										
Health & Life of Omaha										
1-888-633-7871	112.10	122.55	160.24	149.95		163.36				
Combined Insurance.										
Co. of America.										
1-800-225-4500	91.11	135.24	143.09			192.40				
Conseco Health Ins. Co.										
Zip Codes: 718,720-722	107.44	137.81	162.96	137.5	137.41	164.57	139.82			
All other Zip Codes	98.29	126.08	149.1	125.81	125.72	150.56	127.92			
1-800-541-2254										
Constitution Life Ins. Co.										
Zip Codes: 722-723	88.00	107.00	129.00	114.00		133.00				
Zip Code: 719	84.00	102.00	123.00	108.00		127.00				
All Other Zip Codes	76.00	92.00	111.00	97.00		114.00				
1-800-789-6364										
Continental General										
Ins. Co.										
1-402-397-3200	175.27		265.97			255.60	187.00			
Continental Life of										
Brentwood Tennessee										
Ins. Co.										
1-800-246-4000	97.67	150.00	163.58	154.00	152.92	166.50	162.25			
Equitable Life & Casualty										
Ins. Co.						*132.92				*212.09
1-800-453-3245	101.00	203.84	248.84	179.17	195.59	295.25	207.42	381.09	424.59	471.25
Florida American Pioneer										
Life Insurance Co.										
Zip Codes 722-723	90.35	130.05	154.47	136.72		160.46				
Zip Code 719	76.80	110.54	131.30	116.21		136.40				
All Other Zip Codes	72.28	104.04	123.58	109.37		128.37				
1-800-538-1053										
Globe Life & Accident										
Ins. Co.										
1-405-270-1400	83.18	139.24	159.84			161.16				
*This denotes new high deductibles for plans F & J (\$1620.00)										

Insurance Company	A	B	C	D	E	F	G	H	I	J
Golden Rule Ins. Co. 1-618-943-8000										
Zip Codes 719, 727-729	95.16		148.11			140.57	121.94			
716-718, 724, 726	105.73		164.57			156.18	135.49			
720-723, 725, 755	111.02		172.89			163.99	142.27			
Guarantee Trust Life Insurance Company						68.90				
1-800-338-7452	95.10	140.95	163.40	151.35		198.80	179.20			
Health & Life Ins. Co. of America										
1-800-759-7007	69.60	92.02	160.66			144.84			264.57	
Lincoln Heritage Life Ins.										
Zip Codes 719-722, 727-728	113.00	123.00	144.00	135.00		149.00				
Rest Of State	87.00	95.00	112.00	105.00		115.00				
1-800-438-7180										
Medico Life Ins. Co										
Zip Codes 720-723	106.11		179.79			179.79	173.35			
All Other Zip Codes	98.04		166.11			166.11	160.16			
1-800-288-6080										
Mid-West National Life Ins. Co. of TN						65.00	71.00			
Zip Codes 716-719, 723-729	107.00		135.00	122.00		137.00				
Zip Codes 720, 721, 722	119.00		149.00	134.00		151.00				
1-800-773-1110										
Mutual of Omaha Ins. Co.	102.00		133.26	105.19		118.38				
1-800-775-6000	*Premiums may vary according to zip code factor*									
Mutual Protective Ins. Co.										
Zip Codes 720-723	137.91		233.68		233.68	225.40				
All Other Zip Codes	127.42		215.90		215.90	208.25				
1-800-228-6080										
National States Ins. Co.										
1-314-878-0101	64.28	142.31	243.56			156.53				

Insurance Company	A	B	C	D	E	F	G	H	I	J
Old Surety Life Ins. Co.										
1-405-523-2112	49.91			91.42		156.75				
Order of the United Commercial Travelers of America										
1-800-848-0123	74.42	113.91								
Oxford Life Insurance										
1-800-308-2318	100.71	129.84	155.78	147.98		161.90			230.77	
Pioneer Life Insurance Co. of IL.										
1-800-759-7007	98.20	121.80	199.26	138.51	115.94	175.82	135.27		496.63	
Physicians Mutual Rates Effective 4-1-00										
Zip Codes:										
716-719 & 723-729	98.02	112.43	160.35			146.21				
720-721	103.17	118.34	168.78			153.90				
722	111.43	127.81	182.29			166.22				
1-800-228-9100										
Pyramid Life Ins. Co. Rates effective 3-1-97						*40.86				*95.03
1-800-444-0321	119.37	119.59	157.24	119.66		154.17	125.22			
Reserve National Ins. Co.										
1-800-654-9106	78.70	125.80	154.35			178.60				
Standard Life & Accident Ins. Co.						*58.52				
1-405-232-5281	78.08	127.78	159.66	116.59	124.46	174.17	139.21			
*This denotes new high deductibles for plans F & J (\$1620.00)										

Insurance Company	A	B	C	D	E	F	G	H	I	J
State Farm Mutual										
Automobile										
Insurance Company	73.14		113.54			130.57				
1-309-766-2311										
State Mutual Ins. Co.										
1-800-241-7598	98.79	136.07	164.42	150.33		167.92				
Sterling Life Ins. Co.										
1-888-858-8572										
Area 1	93.15	123.25	143.00			143.05				
Area 2	88.75	121.85	141.7			141.80				
United American Ins.Co.										
972-529-5085	120.00	192.00	218.00	211.00		221.00	213.00			
Union Bankers Life										
Ins. Co.										
1-800-824-3577	117.34	170.45	204.05	187.17	187.78	190.23	167.57	320.43	273.79	
USAA Life Ins. Co.										
1-800-531-8000										
Non - Smoker	92.82			136.51		163.71	140.59			
United National Life Ins.						*68.90				
1-847-803-5252	85.75	126.70	147.70	145.10		179.35	170.60			
United Teacher Associates										
Zip Codes:										
716, 717, 724-726, 728-729	82.08	100.20	112.73	96.36		113.14	96.69			
719-721, 727	86.26	105.29	118.40	101.29		118.82	101.62			
718, 722-723	96.11	117.32	132.01	112.81		132.43	113.23			
1-800-880-8824										
512-451-2224										

			Under 65 and Disabled							
Insurance Company	A	B	C	D	E	F	G	H	I	J
Bankers Fidelity Life Ins. Co.										
1-800-241-1439		211.00								
Old Surety Life Ins. Co.										
1-800-272-5466	49.91			91.42						
United American Ins. Co.										
1-800-331-2512		260.04								